COPE
INSURANCE INFORMATION FOR LEASED PREMISE

Your Agency: _____ Lease Number: _____
Check One: ☐ New Lease ☐ Renewal Lease ☐ Other - Describe: _____
Agency Contact Name: _____ Contact Phone: _____
Contact E-mail: _____ Contact Fax: _____
Exact Street Address of leased premise [1]: _____ Town: _____ Zip Code _____

Check the type of construction that best describes the building:

☐ (1) Combustible (typically wooden buildings)
☐ (2) Masonry structures with combustible frames or interiors
☐ (3) Metal structures (all metal roof, frame and walls)
☐ (4) Masonry structures with masonry or metal framing
☐ (5) Buildings with a 1-to-2-hour fire resistive rating
☐ (6) Buildings with a 2 or more-hour fire resistive rating

Total area your agency occupies with this lease: _____ sq. feet

Leased space occupancy type(s) - check as many as are applicable for this building:
☐ Auditorium (18); ☐ Classroom (2); ☐ Day Care (33); ☐ Dormitory (10); ☐ Gym (12); ☐ Laboratory (5);
☐ Maintenance Shop (6); ☐ Office (1); ☐ Retail (29); ☐ Staff Residence (11); ☐ Storage (3); ☐ Vacant (4)
☐ Other - Describe: _____

Leased Space is: ☐ Sprinklered ☐ Not sprinklered at all
Building has a central station smoke detection system: ☐ Yes ☐ No
Building has a central station security system: ☐ Yes ☐ No
Building has an employee key card system: ☐ Yes ☐ No

Cost/limit of insurance desired: Contents $ _____ Effective Date: _____

Questions? Call 287-3351
Either fax this form to 287-4008 or mail to:
State of Maine, Risk Management Division, 85 State House Station, Augusta, ME 04333-0085

[1] Post office boxes and rural route numbers are unacceptable. The 911 address is required.